



Obesity Phytotherapy: Review of Native Herbs Used in Traditional Medicine for Obesity

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Abstract

Obesity is an important disorders due to which 25 million deaths occur annually worldwide. Synthetic drugs for weight loss have low efficacy and high side effects. Apart from synthetic drugs in modern medicine, various other methods including the use of herbal medications are used to induce weight loss. Cambodia hoodia, green tea, *Citrus aurantium*, white beans, fenugreek, caffeine, ephedrine, capsaicin, yohimbine, chitosan, fitostreols, and guar gum have been studied in clinical trials and their effects have been confirmed. It seems necessary to study more to determine the effectiveness and safety of medicinal plants and herbal extracts as well as pharmaceutically active ingredients that may have the property of weight loss. In this article, we aimed to review recent knowledge about medicinal plants that are recommended for weight loss.

Keywords

obesity, medicinal plants, Iran

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Obesity is a common nutritional disorder that has been rapidly increasing in the past 2 decades. By definition, obesity is a condition in which the amount of body fat increases quickly. Assessment of obesity is measured and reported by body mass index.¹

According to published reports, 25 million people die annually due to overweight and obesity worldwide.² Based on epidemiologic studies, body mass index is used to describe overweight and obesity.³ There is a relationship between lifestyle and body mass index, especially in women.⁴ Studies show that the impact of lifestyle on obesity in Western countries is 15% to 20%.⁵

Body mass index is defined as weight in kilograms divided by the square of the height in centimeters. Body mass index of 18.5 to 24.9 is normal, less than 18.5 low weight, and values of 25 and above are considered as obese.⁶ The prevalence of obesity in many industrialized countries, especially in the United States, and in developing countries is growing; studies show that about 64% of American adults are overweight and almost 33% of them are obese.^{7,8} In this article, we aimed to review recent knowledge about medicinal plants that are recommended for weight loss.

Pathophysiology of Obesity

The pathophysiology of obesity and overweight in life is quite complex and involves the interaction of various factors including genetic, metabolic, environmental, and behavioral variables.⁹

The total amount of energy needs decreases with increasing age. Resting metabolic rate, lean body mass, physical activity, and thermal effect of food decrease with increasing age.¹⁰

The redistribution of body fat also increases with age, which leads to increased visceral fat and decreases subcutaneous fat. On the other hand, the level of hormones and cytokines is altered, leading to the formation of adipose tissue throughout life.¹¹ These changes include decreased testosterone and growth hormone levels and reduced responsiveness to leptin and thyroid hormone. Decreased testosterone and growth hormone levels increase fat mass and reduce lean mass.¹¹ Oxidative metabolism decreases in aging. On the other hand, loss of response to leptin may cause a feeling of fullness in insufficient eating.¹¹

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Table 1. The Plant Name, Scientific Name, and the Effects and Effective Doses for the Treatment of Obesity and Weight Gain.

| Number | The Scientific Name | Clinical Trial Results |
|--------|------------------------------------|--|
| 1 | <i>Garcinia cambogia</i> | <i>Garcinia cambogia</i> is a plant that grows in Southeast Asia and its fruit have been used in a few studies to induce weight loss. Hydroxy citric acid, which includes up to 30% of the fruit weight, possibly reduces fat production. The substance is often marketed as an appetite suppressant. ⁴⁰ Results of a clinical trial showed that a daily intake of 2.4 grams <i>Garcinia</i> standardized extract (1.2 g hydroxy citric acid) with placebo, with 1200 kcal diet, was administered for 3 months in 89 females and 1.3 kg weight loss was observed. ⁴¹ |
| 2 | <i>Hoodia gordonii</i> | It seems that special matter in <i>Hoodia</i> extract called P57 is responsible for appetite suppressant properties. ⁴² |
| 3 | | In a study, green tea extract containing 90 mg of green tea catechin gallate and 50 mg of caffeine, called epithelial epigallo catechin gallate; a capsule containing 50 mg of caffeine alone; or placebo were given to 10 healthy male subjects. Average annual energy consumption of the drug in patients who have been given the green tea extract was 6754 kcal and for those who received caffeine it was 6745 kcal, and it was only 6463 kcal to those given placebo. ⁴³ It is believed that tea catechins are polyphenolic components that act by inhibiting damage of norepinephrine, which causes production of heat by tea. The effect of catechin and the simultaneous oxidation of the mitochondrial ATP production increases and decreases and thereby generates heat and causes weight loss. ^{44,45} Other mechanisms of green tea catechins in the treatment of obesity that may inhibit the development of blood vessels and adipose tissue. ⁴⁶ |
| 4 | | <i>Citrus aurantium</i> contains alkaloids such as sinefrin and oktopamine that act as symptomatic agonists, directly or indirectly. The materials with very low concentrations of parts per million of water and orange blossom are known to induce weight loss. There are claims that in this mechanism ephedra alkaloids act in a similar manner but are weaker. ^{47,48} Weight losses arising from the use of 2.05 to 3.1 kg have been reported in clinical studies. ⁴⁹⁻⁵¹ |
| 5 | <i>Irvingia gabonensis</i> | Result of a randomized, double-blind, placebo-controlled study showed no significant difference between the groups treated with <i>Irvingia gabonensis</i> 1.05 g 3 times a day for a month with respect to weight loss, total cholesterol, low-density lipoprotein cholesterol, and triglycerides; and increases in blood high-density lipoprotein cholesterol and decreases in waist circumference and hip circumference were reported. ⁵² |
| 6 | <i>Phaseolus vulgaris</i> | Results of a clinical trial showed that a daily intake of 445 mg tablets of white bean extract for 30 days in patients aged 20 to 45 years showed little increase in weight (body weight, body mass index, fat mass, adipose tissue thickness, and waist and buttocks and groin) and will be significantly reduced compared with the placebo group, whereas lean body mass did not change compared with placebo. ⁵³ |
| 7 | <i>Trigonella foenum-graecum</i> L | Results of a randomized trial study of 39 healthy overweight men showed that daily consumption of 1176 mg placebo for 6 weeks of fenugreek seed extract, the amount of fat eaten daily, and the ratio of the amount of energy intake by the amount of fat eaten to the amount of the total energy consumption is in the expression of most people to whom the fenugreek seed extract was given compared with the placebo group significantly declined. Also significant decrease was noted compared with fasting and postprandial blood glucose and insulin in the fenugreek seed extract group compared with the placebo group. ⁵⁴ |

Herbs always have been a rich source of effective drugs against diseases such as infectious and parasitic diseases,¹²⁻²³ diabetes,²⁴ hypertension,²⁵ hyperlipidemia,²⁶ digestive diseases,²⁷ respiratory diseases,²⁸ neurological and psychiatric disorders,^{29,30} pain,^{31,32} headaches and migraines,³³ cold,³⁴ wounds and skin problems,³⁵ stomach problems,³⁶ dysmenorrhea,³⁷ disorders of the reproductive system,³⁸ and so on.

Obesity Treatment With Chemical Agents

There are some medications for the treatment of obesity and overweight including orlistat and sibutramine. In addition to high cost, these drugs have side effects and have limited efficacy in the treatment of obesity.

Complementary Treatment of Obesity

Complementary and alternative treatments for weight loss include medicinal plants and their active ingredients,

acupuncture, homeopathy, and sleep therapy, which have existed since ancient times.³⁹

Lists of medicinal plants that may help in reducing obesity and overweight are presented in Tables 1 to 4.

Discussion and Conclusion

Obesity is one of the most prevalent condition that affects all age groups. Obesity can lead to many complications including type 2 diabetes mellitus, heart disease, and stroke. There are some synthetic drugs that are used for the control of obesity; however, the safety and efficacy of these drugs are under question.⁶⁴⁻⁶⁶ Some medicinal plants have recently been examined for the treatment and management of obesity. Studies with *Camellia sinensis*, *Crocus sativus* L, *Nigella sativa*, seaweed laminaria, green tea, Xantigen, Oolong tea, *Irvingia gabonensis*, sea buckthorn, and bilberries have been conducted, and especially *Nigella sativa*, *Camellia sinensis*, and green tea have shown satisfactory antiobesity properties. It should be noted

Table 2. Name of Compound or Active Ingredient and Mechanism of the Influence of the Treatment of Obesity and Weight Gain.

| Number | The Compound or Active Ingredient | The Plant Name | Mechanism and the Influence |
|--------|-----------------------------------|---------------------------------|--|
| 1 | Caffeine and ephedrine | Ma huang Guarana | A combination of caffeine and ephedrine reveal thermal properties, which increases energy and reduces weight. ⁵⁵ A combination of caffeine and ephedrine dose of 200 mg of caffeine and 20 mg of ephedrine caused weight losing in 3 days. ⁵⁶ A study of placebo-controlled, randomized, double-blind, 8-week study on 67 overweight adults with a body mass index of 29-35 indicated that the combination of weight and Ma huang-Guarana, 240 mg/dL and 72 mg, the weight of the study adults reduced 4 kg compared with placebo, which significantly reduced 8 kg. Percent body fat, and waist and hip circumference, and serum triglyceride concentrations were significantly higher in the active treatment group. ⁵⁶ |
| 2 | Capsaicin | Chili pepper | Capsaicin from chili pepper and red (chili and red peppers) with the mechanism of fat oxidation and heat will cause weight loss. It seems that the primary mechanism of active ingredients of chili is active nerve signals of vasodilators and releasing endorphins. There are also reports that the weight of people who regularly use chili peppers is slightly reduced. ^{57,58} |
| 3 | Yohimbine | <i>Pausinystalia johimbe</i> | Yohimbine, the active ingredient of <i>Pausinystalia johimbe</i> , is an α -2 receptor antagonist. In a clinical study, yohimbine with a dose of 20 mg daily for 3 weeks reduced weight significantly compared with the placebo. ⁵⁹ |
| 4 | Phytosterols | | Phytosterols (in animal studies) inhibit fat absorption and cause weight loss; however, currently no data on the effect of weight loss due to phytosterols in humans have been reported. ⁶⁰ |
| 5 | Chitosan | | The results of a human clinical trial showed that in chitosan and placebo groups, which were double-blind, 3 g of chitosan or a placebo daily for 60 days were consumed with their food according to a handbook about behavior change; those with chitosan received 2.2 kg and 3.6 kg more than the control group than in the placebo group lost weight. ⁶¹ |
| 6 | Guar gum | <i>Cyamopsis tetragonolobus</i> | Guar gum extracted from the plant <i>Cyamopsis tetragonolobus</i> regarding effectiveness for weight loss by performing a meta-analysis of 20 studies, 11 studies evaluated were ineffective and 9 studies have had little effect. ⁶² |
| 7 | Glucomannan | <i>Amorphophallus konjac</i> | The glucomannan is the fiber, water extracted from the root of <i>Amorphophallus konjac</i> . Effect of glucomannan in a double-blind, randomized clinical trial involving patients with a weight of 20% or more of the desired weight was studied. The results showed significantly greater weight loss in the treatment group compared with placebo. No adverse effects were observed in the treatment group. ⁶³ |

Table 3. Name of Herbal Remedies and Weight Loss Mechanism in Accordance With the Recommendation of Food and Drug Administration (FDA).

| Number | Herbal Drug Name | Brand | The mechanism of action |
|--------|------------------|------------------------------------|--|
| 1 | Diethylpropion | Tenuate | Appetite suppressants and the mechanism of symptomatic |
| 2 | Phentermine | Generic, Adipex-P, Fastin, Lonamin | Appetite suppressants and the mechanism of symptomatic |
| 3 | Sibutramine | Meridia | Serotonin-norepinephrine reuptake inhibitor by inhibiting appetite |
| 4 | Orlistat | Xenical, Alli | Inhibitor of gastrointestinal triacylglycerol lipase |

Table 4. Name of Herbal Medicine, the Drug, and Its Active Ingredient in Weight Loss in the Pharmaceutical Market.

| Number | Name of Herbal Remedies on the Market | Drug Form | Herb or Its Active Ingredient |
|--------|---------------------------------------|------------|-------------------------------|
| 1 | Carvil | Tablet | Celery, sorrel, anise, cumin |
| 2 | Slim Quick | Tablet | Celery, dill, green tea |
| 3 | Lime essence | Oral drops | Lime |
| 4 | Cumin essence | Oral drops | Cumin |
| 5 | Apple cider vinegar | Tablet | Apple |
| 6 | Green tea | Tablet | Green tea |

that the efficacy of these herbal medicines is still an important point that should be elucidated for interpretation.⁶⁴⁻⁶⁸ Although there is no important report about the side effects of these plants, the safety of these plants still remains to be evaluated.⁶⁴

The antiobesity mechanisms of most of medicinal plants are not clear. However, decreased pre-adipocyte differentiation and proliferation, increased energy expenditure, reduction in lipid absorption, reduced energy intake, or increased

lipolysis and decreased lipogenesis have been proposed for these plants.⁶⁹ Decreased energy intake is caused by green tea and oolong tea by acting on pancreatic lipase. Polyphenols obtained from tea extracts including epigallocatechin, epigallocatechin-3-gallate, L-epicatechin, and epicatechin-3-gallate have shown inhibitory activity against pancreatic lipase, leading to weight loss.⁶⁹

Nigella sativa, *Camellia sinensis*, and oolong tea have shown a significant weight loss effect with reduction in fasting blood sugar, low-density lipoprotein cholesterol, and triglycerides levels. Most of these medicinal plants have anti-hyperlipidemic property, which is effective in the treatment of obesity.⁷⁰

Some herbs and their metabolites such as epigallocatechin-3-gallate of green tea increase metabolic rate and the body fat metabolism and oxidation.^{71,72} The herbs such as *Nigella sativa* and green tea are effective in oxidant-related diseases and decrease lipid peroxidation in plasma or liver, which seem to be a mechanism of antiobesity effect. Higher antioxidant plants such as green tea have shown good antiobesity activity.⁷³

Oxidative stress has been considered for many diseases including diabetes,⁷⁴⁻⁷⁶ cancer,⁷⁷⁻⁷⁹ infection,⁸⁰⁻⁸² and cardiovascular⁸³⁻⁸⁶ diseases as well as some toxicities.⁸⁷⁻⁸⁹ Obesity has also been shown to be associated with increased oxidative stress.⁹⁰ The suggestion that obesity is a state of chronic oxidative stress increases the importance of developing effective strategies against obesity. Most of the plants presented in this article have antioxidant activity. If this is the case and antioxidant activity of these plants induce antiobesity activity, other plants with antioxidant activity⁹¹⁻⁹⁷ might also have antiobesity property, which is worth examining.

Author Contributions

All the authors contributed equally to the writing of this article.

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Ethical Approval

This study did not require ethical approval as human participants were not involved.

References

1. Garrow JS. Obesity. In: Garrow J, James W, Ralph A, eds. *Human Nutrition and Dietetics*. 10th ed. London, England: Churchill Livingstone; 2000:125-127.
2. Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of overweight and obesity in the United States. *JAMA*. 2006;295:1549-1555.
3. Rush EC, Puniani K, Valencia ME, Davies PS, Plank LD. Estimation of body fatness from body mass index and bioelectrical impedance: comparison of New Zealand European, Maori and Pacific Island children. *Eur J Clin Nutr*. 2003;57:1394-1401.
4. Wilsgaard T, Jacobsen BK, Arnesen E. Determining lifestyle correlates of body mass index using multilevel analyses: the Tromsø Study, 1979-2001. *Am J Epidemiol*. 2005;162:1179-1188.
5. Diet, nutrition and the prevention of chronic diseases. *World Health Organ Tech Rep Ser*. 2003;916:i-viii, 1-149.
6. Sunyer FX. Obesity. In: Goldman L, Bennett JC, eds. *Cecil Textbook of Medicine*. 21st ed. Philadelphia, PA: WB Saunders; 2000: 1155-1162.
7. Guyton AC, Hall JE. *Textbook of Medical Physiology*. 11th ed. St Louis, MO: Mosby; 2006.
8. Barness LA, Opitz JM, Gilbert-Barness E. Obesity: genetic, molecular, and environmental aspects. *Am J Med Genet*. 2007;143A: 3016-3034.
9. Pasarica M, Dhurandhar NV. Infectobesity: obesity of infectious origin. *Adv Food Nutr Res*. 2007;52:61-102.
10. Villareal DT, Apovian CM, Kushner RF, Klein S. Obesity in older adults: technical review and position statement of the American Society for Nutrition and NAASO, The Obesity Society. *Obes Res*. 2005;13:1849-1863.
11. Zamboni M, Mazzali G, Zoico E, et al. Health consequences of obesity in the elderly: a review of four unresolved questions. *Int J Obes (Lond)*. 2005;29:1011-1129.
12. Bahmani M, Farkhondeh T, Sadighara P. The anti-parasitic effects of *Nicotina tabacum* on leeches. *Comp Clin Pathol*. 2012;21:357-359. doi:10.1007/s00580-012-1413.
13. Bahmani M, Karamati SA, Banihabib EKh, Saki K. Comparison of effect of nicotine and levamisole and ivermectin on mortality of leech. *Asian Pac J Trop Dis*. 2014;4(suppl 1):477-480.
14. Bahmani M, Banihabib EKh. Comparative assessment of the anti-*Annelida (Limnatis nilotica)* activity of nicotine with niclosamide. *Global Vet*. 2013;10:153-157.
15. Amirmohammadi M, Khajoenia SH, Bahmani M, Rafieian-Kopaei M, Eftekhari Z, Qorbani M. In vivo evaluation of antiparasitic effects of *Artemisia abrotanum* and *Salvia officinalis* extracts on *Syphacia obvelata*, *Aspiculuris tetrapetra* and *Hymenolepis nana* parasites. *Asian Pac J Trop Dis*. 2014;4(suppl 1): 250-254.
16. Bahmani M, Eftekhari Z. An ethnoveterinary study of medicinal plants in treatment of diseases and syndromes of herd dog in southern regions of Ilam province, Iran. *Comp Clin Pathol*. 2012;22:403-407.
17. Eftekhari Z, Bahmani M, Mohsenzadegan A, Gholami-Ahangaran M, Abbasi J, Alighazi N. Evaluating the anti-leech (*Limnatis nilotica*) activity of methanolic extract of *Allium sativum* L. compared with levamisole and metronidazole. *Comp Clin Pathol*. 2012;21: 1219-1222.
18. Bahmani M, Abbasi J, Mohsenzadegan A, Sadeghian S, Gholami-Ahangaran M. *Allium sativum* L.: the anti-immature leech (*Limnatis nilotica*) activity compared to niclosamide. *Comp Clin Pathol*. 2013;22:165-168. doi:10.1007/s00580-011-1380-7.
19. Bahmani M, Saki K, Yousefizadeh Sh, Gholami-Ahangaran M, Parsaei P. Evaluating the anti-leech effects of methanolic extracts

- of *Allium sativum* L. and *Allium cepa* L. compared with levamisole. *J Sharekord Univ Med Sci*. 2012;14(4):54-60.
20. Gholami-Ahangaran M, Bahmani M, Zia-Jahromi N. Comparative and evaluation of anti-leech (*Limnatis nilotica*) effect of olive (*Olea europaea* L.) with levamisole and tiabendazole. *Asian Pac J Trop Dis*. 2012;2(1):S101-S103.
 21. Bahmani M, Golshahi H, Mohsenzadegan A, Ghollami-Ahangarani M, Ghasemi E. Comparative assessment of the anti-*Limnatis nilotica* activities of *Zingiber officinale* methanolic extract with levamisole. *Comp Clin Pathol*. 2013;22:667-670.
 22. Forouzan S, Bahmani M, Parsaei P, et al. Anti-parasitic activities of *Zingiber officinale* methanolic extract on *Limnatis nilotica*. *Glob Vet*. 2012;9:144-148.
 23. Gholami-Ahangaran M, Bahmani M, Zia-Jahromi N. In vitro antileech effects of *Vitis vinifera* L., niclosamide and ivermectin on mature and immature forms of leech *Limnatis nilotica*. *Glob Vet*. 2012;8:229-232.
 24. Bahmani M, Zargarani A, Rafieian-Kopaei M. Identification of medicinal plants of Urmia for treatment of gastrointestinal disorders. *Rev Bras Farmacogn*. 2014;24:468-480.
 25. Sharafati R, Sharafati F, Rafieian-Kopaei M. Biological characterization of Iranian walnut (*Juglans regia*) leaves. *Turk J Biol*. 2011;35:635-639.
 26. Bahmani M, Mirhoseini M, Shirzad H, Sedighi M, Shahinfard N, Rafieian-Kopaei M. A review on promising natural agents effective on hyperlipidemia. *J Evid Based Complementary Altern Med*. 2015;20:228-238. doi:10.1177/2156587214568457.
 27. Rabiei Z, Rafieian-kopaei M, Heidarian E, Saghaei E, Mokhtari S. Effects of zizyphus jujube extract on memory and learning impairment induced by bilateral electric lesions of the nucleus basalis of Meynert in rat. *Neurochem Res*. 2014;39:353-360.
 28. Asadbeigi M, Mohammadi T, Rafieian-Kopaei M, Saki K, Bahmani M, Delfan B. Traditional effects of medicinal plants in the treatment of respiratory diseases and disorders: an ethnobotanical study in the Urmia. *Asian Pac J Trop Med*. 2014;7(suppl 1):364-368.
 29. Saki K, Bahmani M, Rafieian-Kopaei M. The effect of most important medicinal plants on two important psychiatric disorders (anxiety and depression)—a review. *Asian Pac J Trop Med*. 2014;7(suppl 1):34-42.
 30. Saki K, Bahmani M, Rafieian-Kopaei M, et al. The most common native medicinal plants used for psychiatric and neurological disorders in Urmia city, northwest of Iran. *Asian Pac J Trop Dis*. 2014;4(suppl 2):895-901.
 31. Bahmani M, Shirzad H, Majlesi M, Shahinfar N, Rafieian-Kopaei M. A review study on analgesic applications of Iranian medicinal plants. *Asian Pac J Trop Med*. 2014;7(suppl 1):43-53.
 32. Delfan B, Bahmani M, Rafieian-Kopaei M, Delfan M, Saki K. A review study on ethnobotanical study of medicinal plants used in relief of toothache in Lorestan province, Iran. *Asian Pac J Trop Dis*. 2014;4(suppl 2):879-884.
 33. Delfan B, Bahmani M, Hassanzadazar H, Saki K, Rafieian-Kopaei M. Identification of medicinal plants affecting on headaches and migraines in Lorestan province, west of Iran. *Asian Pac J Trop Med*. 2014;7(suppl 1):376-379.
 34. Delfan B, Kazemeini HR, Bahmani M. Identifying effective medicinal plants for cold in Lorestan province, West of Iran. *J Evid Based Complementary Altern Med*. 2015;20:173-179. doi:10.1177/2156587214568458.
 35. Delfan B, Bahmani M, Eftekhari Z, Jelodari M, Saki K, Mohammadi T. Effective herbs on the wound and skin disorders: a ethnobotanical study in Lorestan province, west of Iran. *Asian Pac J Trop Dis*. 2014;4(suppl 2):938-942.
 36. Delfan B, Bahmani M, Hassanzadazar H, et al. Ethnobotany study of effective medicinal plants on gastric problems in Lorestan province, west of Iran. *J Chem Pharm Res*. 2015;7:483-492.
 37. Bahmani M, Eftekhari M, Jelodari M, et al. Effect of Iranian herbal medicines in dysmenorrhea phytotherapy. *J Chem Pharm Res*. 2015;7:519-526.
 38. Bahmani M, Rafieian-Kopaei M, Saki K, et al. Identification of medical plants acting on reproductive system disorders: an ethnobotanical study in Urmia, northwest of Iran. *J Chem Pharm Res*. 2015;7:493-502.
 39. Pittler MH, Ernst E. Complementary therapies for reducing body weight: a systematic review. *Int J Obes (Lond)*. 2005;29:1030-1038.
 40. Heymsfield SB, Allison DB, Vasselli JR, Pietrobelli A, Greenfield D, Nunez C. *Garcinia cambogia* (hydroxycitric acid) as a potential antiobesity agent: a randomized controlled trial. *JAMA*. 1998;280:1596-1600.
 41. Mattes RD, Bormann L. Effects of (–)-hydroxycitric acid on appetitive variables. *Physiol Behav*. 2000;71:87-94.
 42. Preuss HG, Rao CV, Garis R, et al. An overview if the safety and efficacy of a novel, natural (–)-hydroxycitric acid extract (HCA-SX) for weight management. *J Med*. 2004;35:33-48.
 43. Dulloo AG, Duret C, Rohrer D, et al. Efficacy of a green tea extract rich in catechin polyphenols and caffeine in increasing 24-h energy expenditure and fat oxidation in humans. *Am J Clin Nutr*. 1999;70:1040-1045.
 44. Shixian Q, VanCrey B, Shi J, Kakuda Y, Jiang Y. Green tea extract thermogenesis-induced weight loss by epigallocatechin gallate inhibition of catechol-O-methyltransferase. *J Med Food*. 2006;9:451-458.
 45. Westerterp-Plantenga M, Diepvens K, Joosen AM, Berube-Parent S, Tremblay A. Metabolic effects of spices, teas, and caffeine. *Physiol Behav*. 2006;89:85-91.
 46. Diepvens K, Westerterp KR, Westerterp-Plantenga MS. Obesity and thermogenesis related to the consumption of caffeine, ephedrine, capsaicin, and green tea. *Am J Physiol Regul Integr Comp Physiol*. 2007;292:77-85.
 47. Haaz S, Fontaine KR, Cutter G, Limdi N, Perumean-Chaney S, Allison DB. *Citrus aurantium* and synephrine alkaloids in the treatment of overweight and obesity: an update. *Obes Rev*. 2006;7:79-88.
 48. Allison DB, Cutter G, Poehlman ET, Moore DR, Barnes S. Exactly which synephrine alkaloids does *Citrus aurantium* (bitter orange) contain? *Int J Obes (Lond)*. 2005;29:443-446.
 49. Colker CM, Kalman DS, Torina GC. Effects of *Citrus aurantium* extract, caffeine, and St. John's wort on body fat loss, lipid levels, and mood states in overweight healthy adults. *Curr Ther Res*. 1999;60:145-153.

50. Kalman DS, Colker CM, Shi Q, Swain MA. Effects of a weight loss aid in healthy overweight adults: double-blind, placebo-controlled clinical trial. *Curr Ther Res*. 2000;61:199-205.
51. Armstrong WJ, Johnson P, Duhme S. The effect of commercial thermogenic weight loss supplement in body composition and energy expenditure in obese adults. *J Exerc Physiol*. 2001;4:28-35.
52. Ngondi JL, Oben JE, Minka SR. The effect of *Irvingia gabonensis* seeds on body weight and body lipids of obese subjects in Cameroon. *Lipids Health Dis*. 2005;4:12-20.
53. Celleno L, Tolaini MV, D'Amore A, Perricone NV, Preuss HG. A dietary supplement containing standardized *Phaseolus vulgaris* extract influences body composition of overweight men and women. *Int J Med Sci*. 2007;4:45-52.
54. Chevassus H, Gaillard JB, Farret A, et al. A fenugreek seed extract selectively reduces spontaneous fat intake in overweight subjects. *Eur J Clin Pharmacol*. 2010;66:449-455.
55. Blanck HM, Serdula MK, Gillespie C, et al. Use of nonprescription dietary supplements is common among Americans. *J Am Diet Assoc*. 2007;107:441-447.
56. Boozer CN, Nasser JA, Heymsfield SB, Wang V, Chen G, Solomon JL. An herbal supplement containing Ma Huang-Guarana for weight loss: a randomized, double-blind trial. *Int J Obes Relat Metab Disord*. 2001;25:316-324.
57. Henry CJ, Emery B. Effect of spiced food on metabolic rate. *Hum Nutr Clin Nutr*. 1986;40:165-168.
58. Yoshioka M, St-Pierre S, Suzuki M, Tremblay A. Effects of red pepper added to high fat and high carbohydrate meals on energy metabolism and substrate utilization in Japanese women. *Br J Nutr*. 1998;80:503-510.
59. Kucio C, Jonderko K, Piskorska D. Does yohimbine act as a slimming drug? *Isr J Med Sci*. 1991;27:550-556.
60. Looije N, Risovic V, Stewart DJ, Debeyer D, Kutney J, Wasan KM. Disodium ascorbyl phytostanyl phosphates (FM-VP4) reduces plasma cholesterol concentration, body weight and abdominal fat gain within a dietary-induced obese mouse model. *J Pharm Pharm Sci*. 2005;8:400-408.
61. Kaats GR, Michalek JE, Preuss HG. Evaluating efficacy of a chitosan product using a double-blinded, placebo-controlled protocol. *J Am Coll Nutr*. 2006;25:389-394.
62. Pittler MH, Ernst E. Guar gum for body weight reduction. Meta-analysis of randomized trials. *Am J Med*. 2001;110:724-730.
63. Doi K. Effect of konjac fiber (glucomannan) on glucose and lipids. *Eur J Clin Nutr*. 1995;49:190-197.
64. Nasri H, Shirzad H. Toxicity and safety of medicinal plants. *J Herb Med Pharmacol*. 2013;2(2):21-22.
65. Asgari S, Rafieian-Kopaei M, Shamsi F, Najafi S, Sahebkar A. Biochemical and histopathological study of the anti-hyperglycemic and anti-hyperlipidemic effects of cornelian cherry (*Cornus mas* L.) in alloxan-induced diabetic rats. *J Complement Integr Med*. 2014;11(2):63-69.
66. Taghikhani M, Nasri H, Asgari A, et al. The renal toxicity of hydroalcoholic extract of *Stachys lavandulifolia* Vahl in Wistar rats. *Life Sci J*. 2012;9:3025-3031.
67. Nasri H, Nematbakhsh M, Rafieian-Kopaei M. Ethanol extract of garlic for attenuation of gentamicin-induced nephrotoxicity in Wistar rats. *Iran J Kidney Dis*. 2013;7:376-382.
68. Taghikhani A, Afrough H, Ansari-Samani R, Shahinfard N, Rafieian-Kopaei M. Assessing the toxic effects of hydroalcoholic extract of *Stachys lavandulifolia* Vahl on rat's liver. *Bratisl Lek Listy*. 2014;115:121-124.
69. Yun JW. Possible anti-obesity therapeutics from nature—a review. *Phytochemistry*. 2010;71:1625-1641.
70. Hasani-Ranjbar S, Larijani B, Abdollahi M. A systematic review of Iranian medicinal plants useful in diabetes mellitus. *Arch Med Sci*. 2008;4:285-292.
71. Asadi SY, Parsaei P, Karimi M, et al. Effect of green tea (*Camellia sinensis*) extract on healing process of surgical wounds in rat. *Int J Surg*. 2013;11:332-337.
72. Parsaei P, Karimi M, Asadi SY, Rafieian-Kopaei M. Bioactive components and preventive effect of green tea (*Camellia sinensis*) extract on postlaparotomy intra-abdominal adhesion in rats. *Int J Surg*. 2013;11:811-815. doi:10.1016/j.ijssu.2013.08.014.
73. Basu A, Du M, Sanchez K, et al. Green tea minimally affects biomarkers of inflammation in obese subjects with metabolic syndrome. *Nutrition*. 2011;27:206-213.
74. Bahmani M, Zargaran A, Rafieian-Kopaei M, Saki M. Ethnobotanical study of medicinal plants used in the management of diabetes mellitus in the Urmia, northwest Iran. *Asian Pac J Trop Med*. 2014;7(suppl 1):348-354.
75. Rafieian-Kopaei M, Behradmanesh S, Kheiri S, Nasri H. Association of serum uric acid with level of blood pressure in type 2 diabetic patients. *Iran J Kidney Dis*. 2014;8:152-154.
76. Behradmanesh S, Horestani MK, Baradaran A, Nasri H. Association of serum uric acid with proteinuria in type 2 diabetic patients. *J Res Med Sci*. 2013;18:44-46.
77. Shirzad H, Shahrani M, Rafieian-Kopaei M. Comparison of morphine and tramadol effects on phagocytic activity of mice peritoneal phagocytes in vivo. *Int Immunopharmacol*. 2009;9:968-970.
78. Shirzad H, Taji F, Rafieian-Kopaei M. Correlation between antioxidant activity of garlic extracts and WEHI-164 fibrosarcoma tumor growth in BALB/c mice. *J Med Food*. 2011;14:969-974.
79. Bagheri N, Taghikhani A, Rahimian G, et al. Association between virulence factors of *Helicobacter pylori* and gastric mucosal interleukin-18 mRNA expression in dyspeptic patients. *Microb Pathog*. 2013;65:7-13.
80. Rahimian G, Sanei MH, Shirzad H, et al. Virulence factors of *Helicobacter pylori* vacA increase markedly gastric mucosal TGF- β 1 mRNA expression in gastritis patients. *Microb Pathog*. 2014;67-68:1-7.
81. Bagheri N, Rahimian Gh, Salimzadeh L, et al. Association of the virulence factors of *Helicobacter pylori* and gastric mucosal interleukin-17/23 mRNA expression in dyspeptic patients. *EXCLI J*. 2013;12:5-14.
82. Mirhosseini M, Baradaran A, Rafieian-Kopaei M. *Anethum graveolens* and hyperlipidemia: a randomized clinical trial. *J Res Med Sci*. 2014;19:758-761.
83. Rafieian-Kopaei M, Shahinfard N, Rouhi-Boroujeni H, Gharipour M, Darvishzadeh-Boroujeni P. Effects of *Ferulago angulata* extract on serum lipids and lipid peroxidation. *Evid Based Complement Alternat Med*. 2014;2014:680856. doi:10.1155/2014/680856.

84. Asgary S, Sahebkar A, Afshani M, Keshvari M, Haghjooyjavanmard Sh, Mahmoud Rafieian-Kopaei M. Clinical evaluation of blood pressure lowering, endothelial function improving, hypolipidemic and anti-inflammatory effects of pomegranate juice in hypertensive subjects. *Phytother Res*. 2014;28:193-199. doi:10.1002/ptr.4977.
85. Khosravi-Boroujeni H, Mohammadifard N, Sarrafzadegan N, et al. Potato consumption and cardiovascular disease risk factors among Iranian population. *Int J Food Sci Nutr*. 2012;63:913-920.
86. Sadeghi M, Khosravi-Boroujeni H, Sarrafzadegan N, et al. Cheese consumption in relation to cardiovascular risk factors among Iranian adults—IHHP Study. *Nutr Res Pract*. 2014;8:336-341.
87. Baradaran A, Nasri H, Nematbakhsh M, Rafieian-Kopaei M. Antioxidant activity and preventive effect of aqueous leaf extract of Aloe Vera on gentamicin-induced nephrotoxicity in male Wistar rats. *Clin Ter*. 2014;165:7-11.
88. Heidarian E, Rafieian-Kopaei M. Protective effect of artichoke (*Cynara scolymus*) leaf extract against lead toxicity in rat. *Pharm Biol*. 2013;51:1104-1109.
89. Ghaed F, Rafieian-Kopaei M, Nematbakhsh M, Baradaran A, Nasri H. Ameliorative effects of metformin on renal histologic and biochemical alterations of gentamicin-induced renal toxicity in Wistar rats. *J Res Med Sci*. 2012;17:621-625.
90. Lavrovsky Y, Chatterjee B, Clark RA, Roy AK. Role of redox-regulated transcription factors in inflammation, aging and age-related diseases. *Exp Gerontol*. 2000;35:521-532.
91. Rahnema S, Rabiei Z, Alibabaei Z, Mokhtari S, Rafieian-kopaei M, Deris F. Anti-amnesic activity of *Citrus aurantium* flowers extract against scopolamine-induced memory impairments in rats. *Neurol Sci*. 2015;36:553-560. doi:10.1007/s10072-014-1991-2.
92. Roohafza H, Sarrafzadegan N, Sadeghi M, Rafieian-Kopaei M, Sajjadi F, Khosravi-Boroujeni H. The association between stress levels and food consumption among Iranian population. *Arch Iran Med*. 2013;16:145-148.
93. Nasri H, Rafieian-Kopaei M. Protective effects of herbal antioxidants on diabetic kidney disease. *J Res Med Sci*. 2014;19:82-83.
94. Nasri H, Rafieian-Kopaei M. Tubular kidney protection by antioxidants. *Iran J Public Health*. 2013;42:1194-1196.
95. Rafieian-Kopaei M, Nasri H. Re: Erythropoietin ameliorates oxidative stress and tissue injury following renal ischemia/reperfusion in rat kidney and lung. *Med Princ Pract*. 2014;23(1):95.
96. Baradaran A, Nasri H, Rafieian-Kopaei M. Comment on: Antioxidative stress activity of *Stachys lavandulifolia* aqueous extract in humans. *Cell J*. 2013;15:272-273.
97. Madihi Y, Merrikhi A, Baradaran A, et al. Impact of Sumac on postprandial high-fat oxidative stress. *Pak J Med Sci*. 2013;29:340-345.